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FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED OCT 20 1961
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CONFIDENTIAL**1. FIRST OR REVISED APPLICATION**

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in item 1 above.

MARK ANY APPLICATION (Place an "X" below and provide the appropriate date)

PLANT FACILITY (Complete Item Below)

FOR NEW FACILITIES
PROVIDING THE SAME
MAY, JUN. & JULY OPERA
TION PROGRAMS AS IS
CONDUCTED THROUGH

2. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (Yr., Mo., & Day)
OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED
(Use the space to the left)

REVERSE APPLICATION (shown on "A" below and complete form / above)

QUALITY HAS A NEW FRONTIER

III. PROCESSES - CODES AND DESIGN CAPACITIES

PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item #1-C).

2. **STRUCTURE DESIGN CAPACITY**—For each code member in segment A cover the capacity of the structure

2. AMOUNT - Enter the amount.

2. **UNIT OF MEASURE** - For each amount entered in column B(1), enter the code from the list of unit measure codes below that best fits the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Container (Drum, Drum, etc.)	001	GALLONS OR LITERS	Other (See for Physical, Chemical, Biological or Biological Treatment Processes Not Applying to Land Surface Impoundments or Incinerators. Specify the processes in the space provided: Item III-C.)	004	GALLONS PER DAY OR LITERS PER DAY	Other (See for Physical, Chemical, Biological or Biological Treatment Processes Not Applying to Land Surface Impoundments or Incinerators. Specify the processes in the space provided: Item III-C.)	004	GALLONS PER DAY OR LITERS PER DAY
Tank	002	GALLONS OR LITERS						
Waste Pile	003	CUBIC YARDS OR CUBIC METERS						
Surface Impoundment	004	GALLONS OR LITERS						
Injection Well	005	GALLONS OR LITERS						
Landfill	006	ACRE-FOOT (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER						
Land Application	007	ACRES OR HECTARES						
Ocean Disposal	008	GALLONS PER DAY OR LITERS PER DAY						
Surface Impoundment	009	GALLONS OR LITERS						

EXAMPLE FOR COMPLETING ITEM 31 (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 300 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

DUP																	
11																	
B. PROCESS DESIGN CAPACITY																	
A. PRO CESS CODE (From the chart)		B. PROCESS DESIGN CAPACITY		1. UNIT OF MEA- SURE (enter code)		FOR OFFICIAL USE ONLY		LINE NUMBER		A. PRO CESS CODE (From the chart)		B. PROCESS DESIGN CAPACITY		1. UNIT OF MEA- SURE (enter code)		FOR OFFICIAL USE ONLY	
S 0 2		100		G				5									
T 0 3				G				6									
S 0 1		10,000		G				7									
								8									
								9									
								10									

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER - Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristic and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS.....	P	KILOGRAMS.....	K
TONS.....	T	METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous waste: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous waste that possess that characteristic or toxic contaminant.

Notes: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "900" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "Included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in the numbers X-1, X-2, X-3, and X-4 below) - A facility will treat and dispose of an estimated 900 pounds per year of sludge shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO. (1-2)	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in 1(1))
X-1	K054	900	P	T03D30	
X-2	D002	400	P	T03D30	
X-3	D001	100	P	T03D30	
X-4	D002				Included with above

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY									
W N J D 0 0 2 0 1 2 2 1 9 1													W DUP 2 DUP									
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)													D. PROCESSES									
WASTE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))														
				27 - 28	29 - 30	31 - 32	33 - 34	35 - 36	37 - 38	39 - 40	41 - 42											
1	D 0 0 1	1,000	P	S	0	1																
2	D 0 0 2	5,000	P	S	0	1																
3	D 0 0 3	500	P	S	0	1																
4	U 0 0 2	10	G	S	0	1																
*5	U 0 0 7	100	P	S	0	1									*Also NJ Code X109							
6	U 0 1 3	500	P	S	0	1																
7	U 0 3 1	100	G	S	0	1																
*8	U 0 3 7	500	G	S	0	1									*Also NJ Code X170							
*9	U 0 4 4	10	G	S	0	1									*Also NJ Code X176							
10	U 0 5 2	1,000	P	S	0	1																
11	U 1 1 7	10	G	S	0	1																
12	U 1 2 2	5,000	P	S	0	1																
13	U 1 2 3	100	G	S	0	1																
14	U 1 5 4	100	G	S	0	1																
*15	U 1 6 5	2,500	P	S	0	1									*Also NJ Code X329							
16	U 1 8 8	2,500	P	S	0	1																
*17	U 2 3 8	4,000	P	S	0	1									*Also NJ Code X456							
18	U 2 3 9	2,500	G	S	0	1																
19	X 3 8 7	1,000	G	S	0	1									NJ Code in "A"							
20	X 7 2 2	100	G	S	0	1									NJ Code in "A"							
21	X 7 2 5	1,000	G	S	0	1									NJ Code in "A"							
22	X 7 2 6	200	G	S	0	1									NJ Code in "A"							
23	X 7 2 7	500	G	S	0	1									NJ Code in "A"							
24	X 8 5 0	1,000	P	S	0	1									NJ Code in "A"							
25	X 9 0 0	500	G	S	0	1									NJ Code in "A"							
26	X 9 1 0	5,000	P	S	0	1									NJ Code in "A"							

7. DESCRIPTION OF HAZARDOUS WASTE (continued)

2. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 1.

EPA I.D. NO. (enter from page 1)

NJ D002012219 6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

40 50 19

74 04 55

VIII. FACILITY OWNER☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)
Michael J. Rudick
Vice President

B. SIGNATURE

Michael J. Rudick

C. DATE SIGNED

10/19/80

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

CARLSTADT DRUM STORAGE FACILITY



N J D 0 0 2 0 1 2 2 1 9

	X	
X		
X		X
	X	
	X	

	X	
	X	
	X	
	X	
	X	

OXY PROCESS CHEMICALS, INC.

BENNETT VINCE ENV SUPERVISOR 201 933 5222

BERRY AVENUE AT ROUTE 17

CARLSTADT NJ 07072

BERRY AVENUE AT ROUTE 17

BERGEN

CARLSTADT NJ 07072

2.8.6.9	(specify)	2.8.4.3	(specify)
Organic Chemicals		Surface Active Agents	
2.8.2.1	(specify)		(specify)
Plastics and Resins Materials			

OXY PROCESS CHEMICALS, INC.

P (specify) 203 854 3840

P O BOX 4020

DARIEN CT 06820

NJ 0002798

(specify)
Air Permits - See Attached

INTERIM STATUS

(specify)

A specialized proprietary chemical manufacturer serving the paper industry, the cement and concrete industry, the rubber and plastic industry, the textile industry and the oil well drilling industry.

A. NAME & OFFICIAL TITLE (type or print) Michael J. Rudick Vice President	B. SIGNATURE <i>Michael J. Rudick</i>	C. DATE SIGNED 10/19/88
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NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF HAZARDOUS WASTE MANAGEMENT
HAZARDOUS WASTE INSPECTION REPORT

DWM-029

No Vis

HAZARDOUS WASTE MANAGEMENT FACILITY INSPECTION REPORT

FACILITY INFORMATION

FACILITY NAME: Henkel Process Chemicals

FILE NUMBER: 02-05-19

VHT FACILITY FILE NUMBER: _____

PERMIT #: _____

REGION: M

INSPECTION DATE: 3/13/90 - last inspection - 11/29/88

INCIDENT/CASE NUMBER: _____

INSPECTION TYPE: RCRA-TSD/LB

RESPONSIBLE AGENCY CODE: S

INSPECTOR'S NAME: Chris FeliceTTi

INSPECTOR'S AGENCY: NJOEP/DHWM

INSPECTOR'S BUREAU: MBE

EPA ID NUMBER: NJD002012219

ADDRESS: Berry Ave at Rt 17 N

Carlstadt, NJ 07072

LOT: 2 BLOCK: 84

COUNTY: Bergen

FACILITY PERSONNEL: John Ladley

TELEPHONE #: (201) 933-5222 Herbert Talamini

OTHER STATE/EPA PERSONNEL: Jodie Stern

REPORT PREPARED BY: Chris FeliceTTi

REVIEWED BY: ON Sterling

DATE OF REVIEW: 3/28/90

REVISION: 3
01/88

PHOTOS TAKEN: ☐ YES ☒ NO

SAMPLE TAKEN: ☐ YES ☒ NO

If yes, how many?

NO. OF SAMPLES: _____ NJDEP ID #: _____

MANIFESTS REVIEWED: ☒ YES ☐ NO

Number of Manifests in Compliance: 12

Number of Manifests Not in Compliance: 0

List Manifest Document Numbers of Those Manifests Not in Compliance:

1/2

On 3/13/90 I conducted a RCRA inspection at Henkel Corp. in Carlstadt, NJ.

The facility representatives were Stephen Mitchell, and Herbert Talamini. With me on this inspection was Jodie Stein, NJDEP/BME. The last inspection on this facility was conducted on 11/29/88.

This Henkel facility is a specialty chemicals manufacturing plant, primarily making wetting and dispersing agents for use in the textiles, construction, and agricultural industries. The primary products manufactured here are phenolic/cresylic resins, and naphthalene sulfonics, used for the wetting agents. The facility has been operating as an existing status TSD facility, but is now gradually shutting down its operations, and undergoing joint RCRA/ECRA closure. The company is currently only making the wetting agents and some specialty chemicals; the natural gum processes have been shut down since July of '89.

Chemical processes used in making the materials consist of blending components in large reactor vessels, and conducting the sulfonation reactions under strict temperature control monitoring, and then filtering and pH adjusting of the material. The finished product is either packaged as a liquid or dried and packaged as a powder.

Normal process operations do not generate any hazardous waste. Historically the company's waste has come from off-spec/out dated chemicals, and from spill cleanup associated with maintenance of the equipment and pipes. All waste gets stored in the approved waste storage pad.

With the pending shut down of operations, the company has disposed of all waste materials, and initiated closure of the the storage pad. The facility tour revealed that there was no waste being stored on site at this time. Mr. Talamini stated that this is due to the shut down and the use of better management practices on the existing product lines.

The required documentation was reviewed. In lieu of the financial assurance required for the closure plan (cost estimated at \$77,000) the company was allowed to incorporate this with the surety bond required by the ECRA closure. Financial documents for the ECRA closure show fund of approximately 8 million dollars available to Henkel for closure of NJ facilities. This was allowed by BHWE, according to DEP site engineer Jean Adragna. The manifests were found to be in good order. The only deficiency was found to be a lack of contingency plan drills. Mr. Talamini stated that this was due to the lack of cooperation from the local fire department, and I reminded him the Henkel was required to conduct the drills even if the fire department did not want to participate. An NOV was issued for this problem.

All required LDR documentation was complete and accurate. No referral to USEPA is necessary for Land Ban enforcement.

Describe the activities that result in the generation of hazardous waste.

Off-spec Product + Spill cleanup residues

Identify the hazardous waste located on site, and estimate the approximate quantities of each. (Identify Waste Codes).

NONE

SUMMARY OF FINDINGS

FACILITY DESCRIPTION AND OPERATIONS

This image shows a blank sheet of white paper with horizontal black ruling lines. A single diagonal black line runs from the top left corner towards the bottom right, creating a narrow margin on the left side. The lines are evenly spaced and extend across the width of the page.

HAZARDOUS WASTE FACILITY STANDARDSYES NO N/A

MANIFESTS

7:26-7.4(a)4	Does each manifest have the following information? Please circle the elements missing and obtain a copy of the incomplete manifests. (List those manifests that are deficient on G-1).	—	—	—
7:26-7.4(a)4i	The generator's name, address and phone number.	✓	—	—
7:26-7.4(a)4ii	The generator's EPA ID number.	✓	—	—
7:26-7.4(a)4iii	The hauler(s) name, address phone number and NJ registration.	✓	—	—
7:26-7.4(a)4iv	The hauler(s) EPA ID number.	✓	—	—
7:26-7.4(a)4v	The name, address and phone number of the designated TSD facility.	✓	—	—
7:26-7.4(a)4vi	The TSF's EPA ID number.	✓	—	—
7:26-7.4(a)4v	The name, address and phone number of the designated TSD facility.	✓	—	—
7:26-7.4(a)4vii	The name, type and quantity of hazardous waste being shipped, including such particulars as may be required regarding same?	✓	—	—
7:26-7.4(a)4viii	Special handling instructions and any other information required on the form to be shipped by generator?	✓	—	—

YES NO N/A

7:26-7.4(3)	Did the generator describe all N.O.S. wastes in Section J?	<u>✓</u>	<u>—</u>	<u>—</u>
7:26-7.4(a)ix	When shipping hazardous waste to a waste reuse facility does the generator enter the waste reuse facility I.D. # in the section G of the Uniform Manifest?	<u>—</u>	<u>—</u>	<u>✓</u>
7:26-7.4(a)5	Before allowing the manifested waste to leave the generator's property, did the generator:	<u>—</u>	<u>—</u>	<u>—</u>
7:26-7.4(a)5i	Sign the manifest certification by hand?	<u>✓</u>	<u>—</u>	<u>—</u>
7:26-7.4(a)5ii	Obtain the handwritten signature of the initial transporter and date of acceptance on the manifest?	<u>✓</u>	<u>—</u>	<u>—</u>
7:26-7.4(a)5iii	Retain one copy and forward one copy to the state of origin and one copy to the state of destination?	<u>✓</u>	<u>—</u>	<u>—</u>
7:26-7.4(a)5iv	Provide the required numbers of copies for: generator, each hauler, owner/operator of the designated facility, as well as one copy returned to the generator by the facility owner/operator?	<u>✓</u>	<u>—</u>	<u>—</u>
7:26-7.4(a)5v	Give the remaining copies of the manifest form to the hauler?	<u>✓</u>	<u>—</u>	<u>—</u>
7:26-7.4(f)	Has the generator maintained facility records for three (3) years? (Manifest(s), exception report(s) and waste analysis)	<u>✓</u>	<u>—</u>	<u>—</u>
7:26-7.4(h)1	Has the generator received signed copies of portion B (from the TSD facility) of all manifests for waste shipped off site more than 35 days ago?	<u>✓</u>	<u>—</u>	<u>—</u>
7:26-7.4(h)1	If not: Did the generator contact the hauler and/or the owner or operator of the TSDF and the NJDEP at (609) 292-8341 to inform the NJDEP of the situation?	<u>—</u>	<u>—</u>	<u>✓</u>
7:26-7.4(h)2	Have exception reports been submitted to the Department covering any of these shipments made more than 45 days ago?	<u>—</u>	<u>—</u>	<u>✓</u>

YES NO N/A

7:26-9.4(b) Waste Analysis

7:26-9.4(b)11 Is there a detailed chemical and physical analysis of a representative sample of the waste(s) or each waste? (At a minimum, this analysis must contain all the information necessary for proper treatment storage or disposal of the waste). ☒ ☐ ☐

7:26-9.4(b)1111 Does the character of the waste handled at the facility change from day to day, week to week, etc., thus requiring frequent testing? Check only one: ☐ ☐ ☐

Waste characteristics vary:
All waste(s) are basically the same: ☒
Company treats all waste(s) as hazardous: ☐

7:26-9.4(b)2 Is there a written waste analysis plan at the facility? ☒ ☐ ☐

Does it contain:

7:26-9.4(2)1 Parameters for which each hazardous waste stream will be analyzed including constituents listed in NJAC 7:26-8.16 and the rationale for the selection of these parameters? ☒ ☐ ☐

7:26-9.4(b)211 The test methods which will be used to test for these parameters? ☒ ☐ ☐

7:26-9.4(b)2111 The sampling method which will be used to obtain a representative sample of the waste to be analyzed? ☒ ☐ ☐

7:26-9.4(b)21v The frequency with which the initial analysis of the waste will be reviewed or repeated to ensure that the analysis is accurate and up-to-date? ☒ ☐ ☐

7:26-9.4(b)2v For off-site facilities, the waste analysis that hazardous waste generators have agreed to supply? ☐ ☐ ☒

7:26-9.4(b)2v11 Procedures which will be used to identify changes in waste stream characteristics? ☒ ☐ ☐

Does hazardous waste come to this facility from an outside source? (e.g., another generator). ☐ ☒ ☐

If yes, list the name(s) of generators.

YES NO N/A

- 7:26-9.4(b)4 If waste comes from an outside source, are there procedures in the waste analysis plan to insure that waste received conforms to the accompanying manifest? ✓
- Does the plan describe: *No waste received from off site*
- 7:26-9.4(b)41 The procedures which will be used to determine the identity of each shipment of waste managed at the facility? ✓
- 7:26-9.4(b)411 The sampling method which will be used to obtain a representative sample of the waste to be identified, if the identification method includes sampling? ✓
- 7:26-9.4(c)1 Did the facility accept hazardous waste which it is not authorized to handle? ✓
- 7:26-9.4(i) Are all records and results of waste analysis performed pursuant to NJAC 7:26-9.4(b) and 9.4(e) as applicable written in the operating log? ✓
- 7:26-9.4(h) Security
- Does the facility have:
- 7:26-9.4(h)11 A 24 hour surveillance system which continuously monitors and controls entry onto the active portion of the facility? ✓
- 7:26-9.4(h)111 An artificial or natural barrier, which completely surrounds the active portion of the facility; and a means to control entry, at all times, through the gates or other entrances to the active portion of the facility? ✓
- 7:26-9.4(h)3 Are there "Danger-Unauthorized Personnel Keep Out" signs posted at each entrance to the facility? ✓
- If no, explain what measures are taken for security.

YES NO N/A7:26-9.4(f) General Inspection Requirements

7:26-9.4(f)1	Does the owner or operator inspect the facility for malfunctions and deterioration, operator errors and discharges which may be causing, or may lead to:			
7:26-9.4(f)1i	Discharge of hazardous waste constituents to the environment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(f)1ii	A threat to human health?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(f)3	Has the owner or operator developed, and does the owner or operator follow a written schedule for inspecting monitoring equipment, safety and emergency equipment, security devices, and operating and structural equipment that are utilized for the prevention, detection or response to environmental or human health?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(f)3i	Did the owner or operator submit the written inspection schedule to the department?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, when was it submitted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(f)3iii	Is the written inspection schedule kept at the facility?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(f)3iv	Does the schedule identify the types of problems to be looked for during the inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(f)3v	Does the schedule include the frequency of inspection, based upon the rate of possible deterioration of the equipment and the probability of an environmental, or human health incident if the deterioration or malfunctions or any operator error goes undetected between inspections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(f)5	Is there evidence that problems reported in the inspection log have not been remedied?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(f)6	Does the owner/operator record inspections in a log?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YES NO N/A

7:26-9.4(f)6	Are these records kept for at least three (3) years from the date of inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(f)6	Does the records include the date, and time of the inspection, the name of the inspector, a notation of the observations made, and the date and nature of any repairs or other remedial action?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(g)	<u>Personnel Training</u>			
	Have facility personnel successfully completed a program of classroom instruction or on-the-job training within six months of having been employed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(g)2	Is the program directed by a person trained in hazardous waste management procedures and does it include instruction which teaches facility personnel hazardous waste management procedures (including contingency plan implementation) relevant to the positions in which they are employed?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(g)5	If yes, have facility personnel taken part in an annual review of training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is there written documentation of the following:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(g)6i	Job title for each position at the facility related to hazardous waste management, and the name of the employee filling each job?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(g)6ii	A written job description for each position related to hazardous waste management?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(g)6iii	A written description of the type and amount of both introductory and continuing training given to personnel in jobs related to hazardous waste management?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(g)6iv	Documentation of actual training or experience received by personnel?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YES NO N/A

7:26-9.4(g)7

Are training records kept on all current employees until closure of the facility and training records kept on former employees for three years from their last date of employment?

✓ _ _

7:26-9.4(g)8

Are semi-annual drills conducted involving all employees and appropriate local authorities to test emergency response capabilities at the facility in accordance with the contingency plan and emergency procedures development pursuant to NJAC 7:26-9.7?

✓ _ _

7:26-9.6

Preparedness and Prevention

Does the facility comply with preparedness and prevention requirements including maintaining:

7:26-9.6(b)1

An internal communications or alarm system?

✓ _ _

7:26-9.6(b)2

A telephone or other device to summon emergency assistance from local authorities?

✓ _ _

7:26-9.6(b)3

Portable fire equipment, spill control equipment, and decontamination equipment?

✓ _ _

7:26-9.6(b)4

Water at adequate volume and pressure to supply water hose streams, or foam producing equipment, or automatic sprinklers, or water spray systems?

✓ _ _

7:26-9.6(c)

Is equipment tested and maintained?

✓ _ _

7:26-9.6(d)1

Is there immediate access to communications or alarm systems during handling of hazardous waste?

✓ _ _

7:26-9.6(e)

Adequate aisle space to allow unobstructed movement of personnel fire protection equipment, spill control equipment and decontamination equipment?

✓ _ _

If no, please explain.

NOV
ISSUED

YES NO N/A

In your opinion, do the types of waste on site require all of the above procedures, or are some not required?

☒ ☐ ☐

Explain.

7:26-9.6(f)

Has the facility made the following arrangements, as appropriate for the type of waste handled on site?

☐ ☐ ☐

7:26-9.6(f)1

Familiarize police, fire departments and emergency response teams with the layout of the facility and hazardous waste handled?

☒ ☐ ☐

7:26-9.6(f)2

Where more than one police and fire department might respond to an emergency, is there an agreement designating primary emergency authority to a specific police or fire department, and agreements with any others to provide support to the primary emergency authority?

☒ ☐ ☐

7:26-9.6(f)3

Agreements with emergency response contractors, and equipment suppliers?

☒ ☐ ☐

7:26-9.6(f)4

Arrangements to familiarize local hospitals with the properties of hazardous waste handled at the facility and the types of injuries or illnesses which could result from fires, explosions, or discharges at the facility?

☒ ☐ ☐

7:26-9.6(f)5

Arrangements with local fire departments to inspect the facility on a regular basis with at least two inspections annually?

☒ ☐ ☐

7:26-9.7

Contingency Plan and Emergency Procedures

7:26-9.7(a)

Does the facility have a written contingency plan for emergency procedures designed to deal with fires, explosions, hazards to human health or environment, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents to air, soil or surface water?

☒ ☐ ☐

YES NO N/A

- 7:26-9.7(b) Are provisions of the plan carried out immediately whenever there is a fire, explosion, or release of hazardous waste or hazardous waste constituents which could threaten human health or the environment? ✓ _ _
- 7:26-9.7(c) Does the contingency plan describe the actions facility personnel shall take in response to fires, explosions, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents to air, soil, or surface water at the facility? ✓ _ _
- 7:26-9.7(d) Did the owner or operator prepare a Spill Prevention, Control, and Countermeasures (SPCC) Plan in accordance with 40 CFR 112 or 151 or a Discharge Prevention, Containment and Countermeasure (DPCC) Plan in accordance with NJAC 7:1E-4.1 et seq.? _ _ ✓
- If yes, did the owner or operator amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this section? _ _ ✓
- 7:26-9.7(e) Does the plan describe arrangements agreed to by local police departments, fire departments, hospitals, contractors, and state and local emergency response teams to coordinate emergency services? ✓ _ _
- 7:26-9.7(f) Does the plan list names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinator and is this list kept up-to-date? Where more than one person is listed, one shall be named as primary emergency coordinator and others shall assume responsibility as alternates? ✓ _ _

YES NO N/A

7:26-9.7(g)

Does the plan include a list of all emergency equipment at the facility (such as fire extinguishing systems, spill control equipment, communications and alarm systems (internal and external), and decontamination equipment), where this equipment is required? Is the list kept up-to-date? In addition, does the plan include the location and a physical description of each item on the list, and a brief outline of its capabilities?

✓ _ _

7:26-9.7(h)

Does the plan include an evacuation procedure for facility personnel where there is a possibility that evacuation could be necessary? Does this plan describe signal(s) to be used to begin evacuation, evacuation routes, and alternative evacuation routes (in cases where the primary routes could be blocked by releases of hazardous waste or fires)?

✓ _ _

7:26-9.7(i)

Is a copy of the contingency plan and all revisions to the plan:

1. Maintained at the facility; and

✓ _ _

2. Has the contingency plan been submitted to local authorities (police, fire departments, emergency response teams)?

✓ _ _

7:26-9.7(k)

Is there at least one employee on site or on call with the responsibility of coordinating all emergency response measures?

✓ _ _

7:26-9.8

Closure Plan

7:26-9.8(c)

Does the facility have a written closure plan?

✓ _ _

Does the owner/operator keep a written copy of the closure plan and all revisions to the plan at the facility?

✓ _ _

If yes, does the plan include:

YES NO N/A

7:26-9.8(e)11	A description of how and when the facility will be partially closed (if applicable) and ultimately closed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.8(e)111	The maximum extent of the operation which will be open during the life of the facility?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.8(e)2	An estimate of the maximum inventory of wastes in storage or in treatment at any given time during the life of the facility?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.8(e)3	A description of the steps needed to decontamination facility equipment during closure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.8(e)4	A schedule for final closure including the anticipated date when the wastes will no longer be received, the date when completion of final closure is anticipated, and intervening milestone dates which will allow tracking of the progress of closure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Post Closure Plan</u>			
7:26-9.9(g)	Does the facility have a written post-closure plan kept at the facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	If yes, does the plan:			
7:26-9.9(i)	Identify the activities which will be carried on after closure and the frequency of these activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.9(i)1	Include a description of the planned ground water monitoring activities and frequencies at which they will be performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.9(i)2	Include a description of the planned maintenance activities, and frequency at which they will be performed, to insure the following:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.9(i)21	The integrity of the cap and final cover or other containment structures where applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.9(i)211	Describe the function of the facility monitoring equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YES NO N/A

7:26-9.9(1)3

Include the name, address and phone number of a person or office to contact about the disposal facility during the post-closure period?

Does the owner/operator have a written estimate of the cost of post-closure for the facility?

If yes, what is it?

Please circle all appropriate activities and answer questions in appropriate sections all activities circled.

<u>Storage</u>	<u>Treatment</u>	<u>Disposal</u>
<u>Container</u>	Tank	Landfill
Tank, Above Ground	Surface Impoundments	
Tank, Below Ground	Incineration	Surface Impoundments
Surface Impoundments	Thermal Treatment	Other _____
Waste Piles		
Other _____	Chemical, Physical and Biological Treatment	
Other _____		

7:26-9.4(d)

Containers

What type of containers are used for storage? Describe the size, type, quantity and nature of wastes (e.g., 12 fifty-five gallon drums of waste acetone).

None in use

7:26-9.4(d)11

Do the containers appear to be of sturdy leakproof construction of adequate wall thickness, weld, hinge and seam strength, and of sufficient material strength to withstand side and bottom shock, while filled, without impairment of the container's ability to contain hazardous waste?

If no, explain.

YES NO N/A

7:26-9.4(d)111	Are the lids, caps, hinges or other closure devices of sufficient strength that when closed, they will withstand dropping, overturning or other shock without impairment of the container's ability to contain hazardous waste?	—	—	—
	If no, explain.			
7:26-9.4(d)2	Do the containers appear to be in good condition, not in danger of leaking?	—	—	—
7:26-9.4(d)2	If not, please describe the type, condition and number of leaking or corroded containers. Be detailed and specific.			
7:26-9.4(d)3	Are hazardous wastes stored in containers made of compatible materials?	—	—	—
7:26-9.4(d)41	Are all containers securely closed, except those in use, so that there is no escape of hazardous waste or its vapors?	—	—	—
	If no, explain.			
7:26-9.4(d)4111	Do containers appear to be properly opened, handled or stored in a manner which will minimize the risk of the container rupturing or leaking?	—	—	—
	If no, explain.			
7:26-9.4(d)1v	Are containerized hazardous wastes segregated in storage by waste type?	—	—	—
7:26-9.4(d)v	Are containerized hazardous wastes arranged so that their identification label is visible?	—	—	—
7:26-9.4(d)5	Does the owner/operator inspect the container storage area at least daily, looking for leaks and for deterioration caused by corrosion or other factors?	—	—	—
7:26-9.4(d)6	Are containers holding ignitable and reactive waste located at least 50 feet (15 meters) away from the facility's property line?	—	—	—

YES NO N/A

7:26-9.4(d)71	Are incompatible wastes, or incompatible wastes and materials placed in the same container?	—	—	—
	If yes, explain.			
7:26-9.4(d)711	Are hazardous wastes placed in unwashed containers that previously held incompatible wastes?	—	—	—
	If yes, explain.			
7:26-9.4(d)7111	Are containers holding hazardous waste that are incompatible with any waste or other materials stored nearby in other containers, open tanks, or surface impoundments separated from the other materials or protected from them by means of a dike, berm, wall or other device?	—	—	—
7:26-9.4(e)11	Are ignitable, reactive or incompatible wastes protected from sources of ignition or reaction?	—	—	—
	If no, explain.			
7:26-9.4(e)111	Does the owner/operator confine smoking and open flames to specially designated locations when ignitable or reactive wastes are being handled?	—	—	—
	If no, explain.			
7:26-9.4(e)1111	Does the owner/operator conspicuously place "No Smoking" signs whenever there is a hazard from ignitable or reactive waste?	—	—	—
	If the treatment, storage or disposal of ignitable or reactive waste, and the mixture of incompatible wastes and materials, conducted so that it does not:			
7:26-9.4(e)21	Generate extreme heat or pressure, fire or explosion, or violent reaction?	—	—	—
7:26-9.4(e)211	Produce uncontrolled toxic mists, fumes, dusts, or gases in sufficient quantities to threaten human health.	—	—	—

YES NO N/A

7:26-9.4(e)2iii	Produce uncontrolled flammable fumes or gases in sufficient quantities to pose a risk or fire or explosion?	—	—	—
7:26-9.4(e)2iv	Damage the structural integrity of the device or facility containing the waste?	—	—	—
7:26-9.4(e)2v	Threaten human health or the environment?	—	—	—
7:26-11.2	<u>Tanks</u>			
	What are the approximate number and size of tanks containing hazardous waste?	—	—	✓
	Identify the waste treated/stored in each tank.			
	<u>General Operating Requirements</u>			
7:26-11.2(a)2	Are hazardous wastes or treatment reagents placed in the tank that could cause the tank or its inner liner to rupture, leak or corrode?	—	—	—
	If yes, please explain.			
	Are there leaking tanks?	—	—	—
7:26-11.2(a)2	Are all hazardous wastes or treatment reagents being placed in tanks compatible with the tank material so that there is no danger or ruptures, corrosion, leaks or other failures?	—	—	—
7:26-11.2(3)	Do uncovered tanks have at least two feet of freeboard or an adequate containment structure?	—	—	—
7:26-11.2(a)4	If waste is continuously fed into a tank, is the tank equipped with a means to stop the inflow from the tank, e.g., bypass system to a standby tank?	—	—	—
7:26-11.2(c)	<u>Inspections</u>			
	Is the tank(s) inspected for:			
	1. Discharge control equipment (each operating day).	—	—	—

[illegible]

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-11.3(a)	Is there at least two feet of freeboard in the impoundment?	—	—	—
7:26-11.3(b)	Do all earthen dikes have a protective cover to preserve their structural integrity?	—	—	—
	If yes, please specify the type of covering.			
7:26-9.4(c)1	Does the owner/operator have a detailed chemical and physical analysis of a representative sample of the waste in the impoundment?	—	—	—
7:26-9.4(1)	Does the owner/operator place the results from each waste analysis and trial test, or the documented information, in the operating record of the facility?	—	—	—
7:26-11.3(d)	Does the owner or operator inspect:			
7:26-11.3(d)1	The freeboard level at least once each operating day to ensure compliance with subsection 11.3(a)?	—	—	—
7:26-11.3(d)2	The surface impoundment, including dikes and vegetation surrounding the dike, at least once a week to detect any leaks, deterioration or failures in the impoundment?	—	—	—
7:26-11.3(f)	Is ignitable or reactive waste placed in the surface impoundment?	—	—	—
7:26-11.3(f)1	If yes, is the waste treated, rendered, or mixed before or immediately after placement in the impoundment?	—	—	—
7:26-11.3(f)11	Does the resulting waste, mixture, or dissolution of material no longer meet the definition of ignitable or reactive waste?	—	—	—

YES NO N/A

7:26-11.3(f)111	Is the waste treated, rendered or mixed so that it does not:			
7:26-9.4(e)21	Generate extreme heat or pressure, fire or explosion, or violent reaction?	—	—	—
7:26-9.4(e)211	Produce uncontrolled toxic mists, fumes, dusts, or gases in sufficient quantities to threaten human health?	—	—	—
7:26-9.4(e)2111	Produce uncontrolled flammable fumes or gases in sufficient quantities to pose a risk of fire or explosion?	—	—	—
7:26-9.4(e)21v	Damage the structural integrity of the device or facility containing the waste?	—	—	—
7:26-9.4(e)2v	Threaten human health or the environment?	—	—	—
7:26-11.3(f)2	Is the surface impoundment used solely for emergencies?	—	—	—
7:26-11.3(g)	Are incompatible wastes, or incompatible wastes and materials placed in the same surface impoundment?	—	—	—
	If yes, is the waste managed so that it does not:			
7:26-9.4(e)21	Generate extreme heat or pressure, fire or explosion, or violent reaction?	—	—	—
7:26-9.4(e)211	Produce uncontrolled toxic mists, fumes, dusts, or gases in sufficient quantities to threaten human health?	—	—	—
7:26-9.4(e)2111	Produce uncontrolled flammable fumes or gases in sufficient quantities to pose a risk of fire or explosion?	—	—	—
7:26-9.4(e)21v	Damage the structural integrity of the device or facility containing the waste?	—	—	—
7:26-9.4(e)2v	Threaten human health or the environment?	—	—	—
7:26-11.4	<u>Landfills</u>			
	Identify the types of waste and size of the landfill.			
	<u>General Operating Requirements</u>			
7:26-11.4(a)1	Is run-on diverted away from all portions of the landfill?	—	—	— ✓

NA

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-11.4(a)2	Is runoff from active portions of the landfill collected?	—	—	—
7:26-11.4(a)3	Is waste which is subject to wind dispersal controlled?	—	—	—
	Please explain how.			
7:26-11.4(a)4	Does waste disposal or the disposal operation occur within 200 feet (60.6 meters) of the property boundary?	—	—	—
7:26-11.4(a)6	Are untreated, ignitable, or reactive wastes placed in the landfill?	—	—	—
	If yes, explain.			
7:26-11.4(a)7	Are incompatible wastes, or incompatible wastes and materials placed in the same hazardous waste landfill cell?	—	—	—
	If yes, explain.			
7:26-11.4(a)8	Are bulk or non-containerized liquid waste or waste containing free liquids placed in a hazardous waste landfill?	—	—	—
	If yes:			
7:26-11.4(a)8i	Does the hazardous waste landfill have a liner which is chemically and physically resistant to the added liquid and a functioning leachate collection and removal system with a capacity sufficient to remove all leachate produced?	—	—	—
7:26-11.4(a)8ii	Before disposal, is the liquid waste or waste containing free liquids treated or stabilized, chemically or physically, so that free liquids are no longer present?	—	—	—
7:26-11.4(a)9	Are containers holding liquid waste or waste containing free liquids placed in a hazardous waste landfill?	—	—	—
	If yes:			
7:26-11.4(a)9i	Is the container designed to hold liquids or free liquids for a use other than storage, such as a battery?	—	—	—

YES NO N/A

7:26-11.4(a)911	Is the container very small, such as an ampule?	—	—	—
7:26-11.4(a)10	Are empty containers crushed flat, shredded, or similarly reduced in volume before it is buried beneath the surface of a hazardous waste landfill?	—	—	—
7:26-11.4(a)11	Does the owner or operator of a hazardous waste landfill continue to dispose of hazardous wastes subsequent to the detection of any liquid, in the secondary collection system?	—	—	—
7:26-11.4(b)	Does the owner or operator of a hazardous waste landfill maintain an operating record required in NJAC 7:26-9.4(i)?	—	—	—
7:26-11.4(b)1	Does the owner/operator maintain a map, the exact location and dimensions, including depth of each cell with respect to permanently surveyed bench marks?	—	—	—
7:26-11.4(b)2	The contents of each cell and the appropriate location of each hazardous waste type within each cell?	—	—	—
	Are containers holding liquid waste or waste containing free liquids placed in the landfill?	—	—	—
	Please describe the types and contents of such containers placed in the landfill.			
	Are empty containers placed in the landfill crushed flat, shredded or similarly reduced in volume before they are buried?	—	—	—
	Are small containers of hazardous waste in overpacked drums placed in the landfill?	—	—	—
	If yes, please describe precautions taken to prevent the release of the waste.			
7:26-11.5	<u>Incinerator</u>			
	What type of incinerator is at the site (e.g., waterwall incinerator, boiler, fluidized bed, etc.).			MA

YES NO N/A

Is the residue from the incinerator a hazardous waste?

— — —

What types of air pollution control devices (if any) are installed in the incinerator unit?

Is energy recovered from the process?

— — —

If yes, describe.

What is the destruction and removal efficiency for the organic hazardous waste constituents?

7:26-11.5(b)1

Does the operating record include additional analysis and to determine types of pollutants which might be emitted including:

7:26-11.5(b)11

Heating value of the waste?

— — —

7:26-11.5(b)111

Halogen and sulfur content?

— — —

7:26-11.5(b)1111

Concentrations of lead and mercury?

— — —

7:26-11.5(2)

If no to any of the above questions, is there justification and documentation?

— — —

If operating, does it appear the incinerator is operating at steady state for conditions of operation, including temperature and air flow?

— — —

Monitoring and Inspection

7:26-11.5(c)1

Are existing instruments relating to combustion and emission controls monitored every 15 minutes?

— — —

If no, explain.

7:26-11.5(c)1

Does the incinerator have all the following instruments for measuring: Wastefeed, auxiliary fuel feed air flow, incinerator temperature scrubber flow, and scrubber pH? (Circle Missing Instruments).

— — —

If no, explain.

7:26-11.5(c)2

Is the stack plume observed visually at least hourly for opacity and color?

— — —

YES NO N/A

7:26-11.5(c)3	Are there any signs of leaks, spill and fugitive emission associated with the pumps, valves, conveyors, pipes, etc.?	—	—	+
	If yes, describe.			
7:26-11.5(c)3	Are all emergency shutdown controls and system alarms checked to assure proper operation?	—	—	—
	Is there any reason to believe the incinerator is being operated improperly? i.e., steady state conditions are not maintained.	—	—	—
	If yes, explain.			
7:26-11.5(c)3	Is the incinerator inspected daily?	—	—	—
7:26-11.6	<u>Thermal Treatment</u>			
	What type of thermal treatment is at the site (e.g., waterwall incinerator, boiler, fluidized bed, etc.).			NA
	List the types and quantities of hazardous waste thermally treated.			
	Is the residue from the thermal treatment unit a hazardous waste?	—	—	—
	What types of air pollution control devices (if any) are installed in the thermal treatment unit?			
	Is energy recovered from the process?	—	—	—
	If yes, describe.			
	What is the destruction and removal efficiency for the organic hazardous waste constituents?			
7:26-11.6(b)1	Does the operating record include additional analysis and to determine types of pollutants which might be emitted including:			
7:26-11.6(b)1i	Heating value of the waste?	—	—	—
7:26-11.6(b)1ii	Halogen and sulfur content?	—	—	—
7:26-11.6(b)1iii	Concentrations of lead and mercury?	—	—	—

YES NO N/A

7:26-11.6(2)

If no to any of the above questions,
is there justification and documentation?

If operating, does it appear the
thermal treatment unit is operating
at steady state for conditions of
operation, including temperature
and air flow?

Monitoring and Inspection

Are existing instruments relating to
combustion and emission controls
monitored every 15 minutes?

If no, explain.

7:26-11.6(c)1

Does the thermal treatment have all
the following instruments for
measuring: Wastefeed, auxiliary
fuel feed air flow, incinerator
temperature scrubber flow, and
scrubber pH? (Circle Missing
Instruments).

If no, explain.

7:26-11.6(c)2

Is the stack plume observed visually
at least hourly for opacity and color?

7:26-11.6(c)3

Are there any signs of leaks, spills
and fugitive emission associated with
the pumps, valves, conveyors, pipes, etc?

If yes, describe.

7:26-11.6(c)3

Are all emergency shutdown controls
and system alarms checked to assure
proper operation?

Is there any reason to believe the
thermal treatment unit is being
operated improperly? i.e., steady
state conditions are not maintained.

If yes, explain.

7:26-11.6(c)3

Is the thermal treatment inspected daily?

7:26-11.6(a)

Is there open burning of hazardous waste?

If yes, what is being burned? (Only
burning or detonation of explosives is
permitted).

YES NO N/A

If open burning or detonation of explosives is taking place, approximately what is the distance from the open burning or detonation to the property of others?

7:26-11.7

Chemical, Physical and Biological Treatment

(Other than in tanks, surface impoundments or plant treatment facilities).

Describe the treatment system at this facility and the types of wastes treated.

NA

7:26-11.7(a)2

Does the treatment process system show any signs or ruptures, leaks or corrosion?

— — — ✓

If yes, describe.

7:26-11.7(a)3

Is there a means to stop the inflow of continuously fed hazardous wastes?

— — —

Inspections

7:26-11.7(c)1

Is the discharge control safety equipment (e.g., waste feed cut-off systems, bypass systems, drainage systems and pressure relief systems) in good working order?

— — —

7:26-11.7(c)1

Are they inspected at least once each operation day?

— — —

7:26-11.7(c)2

Does the data gathered from the monitoring equipment (e.g., pressure and temperature gauges) show treatment process is operating according to design?

— — —

7:26-11.7(c)2

Is data gathered at least once each operating day?

— — —

7:26-11.7(c)3

Are construction materials of the treatment process inspected at least weekly to detect corrosion or leaking of fixtures and seams?

— — —

7:26-11.7(c)4

Are the discharge confinement structures (e.g., dikes) immediately surrounding the treatment unit inspected at least weekly to detect erosion or obvious signs of leakage (e.g., wet spots or dead vegetation)?

— — —

Facility Name: _____
ID Number: _____
Inspector: FeliceTTI
Date: 3/13/90

DRAFT
RCRA LAND RESTRICTION
TREATMENT, STORAGE, AND DISPOSAL REQUIREMENTS CHECKLIST

I. FACILITY IDENTIFICATION

Henkel Corp. Berry Ave at Rt 17N
A. Facility Name B. Street (or other identifier)
Carlstadt NJ 07072 Bergen
C. City D. State E. Zip Code F. County Name

Specialty chemical Manufacture.
G. Nature of business; identification of industrial and waste management operations;
relevant SIC codes

NJD 002012219
H. EPA ID #

Herbert Talamini (201) 933-5222
I. Facility Contact (Name and Phone Number)

II.A. For onsite facilities, complete the generator checklist Comments

B. General Facility Standards

1. General

a. Does the facility conduct waste analysis (total and
TCLP) on-site or through a commercial laboratory?

on site

b. Describe the frequency of sampling conducted by the
facility.

each load of waste - most waste is off-spec product.

2. Treatment Facilities

a. Has the treatment facility revised its waste
analysis plan [§268.7(b)] to meet the requirements
of §264.13 or §265.13? ✓ Yes No*

(1) Is the treatment facility conducting TCLP
tests for wastes specified in Appendix A
(i.e., those prohibited wastes subject to
treatment standards expressed as waste
extracts) per 286.7(b)(1)? Yes No* NA

* A potential violation is indicated

TSDF-1

Facility Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

c. Do operating records track the location, quantity and dates that wastes exceeding treatment standards entered and were removed from storage [§264.73 or §265.73]? ☒ Yes ☐ No*

d. Do operating records agree with container labeling? [§268.50(a)(2) or §264.73 or §265.73] ☒ Yes ☐ No*

e. Is waste exceeding treatment standards stored for less than 1 year? ☒ Yes ☒ No

If yes, can you show that such accumulation is not necessary to facilitate proper recovery, treatment, or disposal? ☐ Yes ☐ No

If yes, state how: _____

f. Was/is waste exceeding treatment standards stored for more than one year? ☐ Yes ☒ No

If yes, state the owner/operator's proof that such storage was solely for the purposes of accumulation of such quantities of hazardous waste as are necessary to facilitate proper recovery, treatment, or disposal: _____

D. Treatment in Surface Impoundments (§268.4)

1. Are prohibited wastes placed in surface impoundments for treatment? ☐ Yes ☒ No *NA*

If no, go to E.

2. Is the only recognizable "treatment" occurring in the impoundment either evaporation, dilution, or both [§268.4(b) and §268.3]? ☐ Yes* ☐ No

3. Did the facility submit a certification of compliance with minimum technology and ground water monitoring requirements, and the waste analysis plan to the Agency [§268.4(a)(4)]? ☐ Yes ☐ No*

4. Have the minimum technology requirements been met [§268.4(a)(3)]? ☐ Yes ☐ No*

a. If the minimum technology requirements have not been met, has a waiver been granted for that unit(s) [§268.4(a)(3)(iii)]? ☐ Yes ☐ No*

* A potential violation is indicated

TSDF-3

Facility Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

5. Have the Subpart P ground-water monitoring requirements been met [§268.4(a)(3)]? ☐ Yes ☐ No*
6. Have representative samples of the sludge and supernatant from the surface impoundment been tested separately, acceptably, and in accordance with the sampling frequency and analysis specified in the waste analysis plan and are the results in the operating record for all wastes with treatment standards or prohibition levels [§268.4(a)(2)]? ☐ Yes ☐ No*
7. Did the hazardous waste residue (sludge or liquid) exceed the treatment standards or prohibition levels? ☐ Yes ☐ No
8. Provide the frequency of analyses conducted on treatment residues: _____

- Does the frequency meet the requirements of the waste analysis plan [§264.13 or §265.13]? ☐ Yes ☐ No*
9. Does the operating record adequately document the results of waste analyses performed [§264.13 or §265.13]? ☐ Yes ☐ No*
10. Have the hazardous waste residues that exceed the treatment standards and/or prohibition levels been removed adequately and on an annual basis [§268.4(a)(2)(ii)]? ☐ Yes ☐ No*
- a. If answer to 6 is no and supernatant is determined to exceed treatment concentrations, is annual throughput greater than impoundment volume? (note: sludge exceeding treatment standards must be removed) ☐ Yes ☐ No
11. If residues were removed annually, were adequate precautions taken to protect liners and do records indicate that inspections of liner integrity are performed? ☐ Yes ☐ No
12. When removed, were residues of restricted wastes managed subsequently in another surface impoundment? ☐ Yes ☐ No
- a. Were these residues subject to a valid 268.8 certification? ☐ Yes ☐ No*
13. When removed, were wastes treated prior to disposal? ☐ Yes ☐ No
- a. If yes, are waste residues treated on or offsite?
☐ Onsite ☐ Offsite
TSDF-4

Facility Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

b. Identify management method _____

E. Treatment

1. Does the facility operate treatment units (regulated or exempt) (not including surface impoundments)?
_____ Yes ☒ No

If no, go to "F."

2. Describe the treatment processes, including exempt processes.

3. Does the facility treat soft hammered wastes?
_____ Yes _____ No

a. If yes, is treatment occurring as described in the generator's certification/demonstration [268.8(c)(1)]?
_____ Yes _____ No*

b. Did the treatment facility certify he treated the soft hammered waste as per the generator's demonstration and maintain copies of all certifications [268.8(c)(1)]?
_____ Yes _____ No*

c. Did the treatment facility send a copy of the generator's demonstration and certification to the receiving treatment, recovery, or storage facility [268.8(c)(2)]?
_____ Yes _____ No*

4. Does the facility, in accordance with an acceptable waste analysis plan, verify that the residue extract from all treatment processes for the restricted wastes are less than treatment standards or prohibition levels [268.7(c)(2)]?
_____ Yes _____ No*

5. Describe frequency of testing of treatment residuals.

6. Was dilution used as a substitute for treatment [268.3]?
_____ Yes* _____ No

* A potential violation is indicated

Facility Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

7. Are all notifications, certifications, and results of waste analyses kept in the operating record [§264.73(b) or §265.73(b)]? ☐ Yes ☐ No*
8. Are notices provided to land disposal facilities complete with Waste Number, treatment standard, manifest number, and analytical data (where available) submitted for each shipment of waste or treatment residual that meets the treatment standard stating that waste has been treated to treatment performance standards [§268.7(b)(4) and (5) and §268.8(c)(1)]? ☐ Yes ☐ No*
9. If the waste or treatment residue will be further managed at another storage or treatment facility, has the treatment facility complied with the 268.7(a) notification and certification requirements applicable to generators [§268.7(b)(6)]? ☐ Yes ☐ No*

F. Land Disposal

1. Are restricted and/or prohibited wastes placed in land disposal units (landfills, surface impoundments** waste piles, wells, land treatment units, salt domes/beds, mines/caves concrete vault or bunker?) ☐ Yes ☒ No
2. Did facility have the notice and certification from generators/treaters in its operating record that all prohibited wastes disposed met standards for generation or treatment [§§268.7(c)(1); 268.7(a),(b)]? ☐ Yes ☐ No*

3. Did the facility obtain waste analysis data through testing of the waste to determine that the wastes are in compliance with the applicable treatment standards [§268.7(c)(2)] ☐ Yes ☐ No*

If yes, was the frequency of testing as required by the facility's waste analysis plan [§264.13 or §265.13]? ☐ Yes ☐ No*

4. Were prohibited wastes exceeding the applicable treatment standards or prohibition levels placed in land disposal units [268.30] excluding national capacity variances [268.30(a)]? ☐ Yes ☐ No

If yes, did facility have an approved waiver based on no migration petition [268.6] or approved case-by-case or capacity extension [268.5] or treatment standard variance [268.44][§268.30(d), §268.31(d), §268.32(g), §268.33(e)]? ☐ Yes ☐ No*

* A potential violation is indicated

**Do not include SIs addressed under Section "D" of this checklist.

Facility Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

5. Were restricted wastes subject to a national capacity variance or case-by-case extension disposed? ☐ Yes ☐ No
- If yes, have the minimum technology requirements been met for all units receiving such wastes [§268.30(c), §268.31(c), §268.32(d), §268.33(d)]? ☐ Yes ☐ No*
6. Were adequate records of disposal maintained [§264.73(b) or §265.73(b)]? ☐ Yes ☐ No*
7. If wastes subject to a nationwide variance, case-by-case extensions [268.5], or no migration petitions [268.6] were disposed, does facility have generator's notices [268.7(a)(3)] and records of disposal? [§264.73(b) or §265.73(b)] ☐ Yes ☐ No*
8. If the facility has a case-by-case extension, can the inspector verify that the facility is making progress as described in progress reports? ☐ Yes ☐ No
9. If the owner/operator is disposing of a soft-hammer waste, is he maintaining the generators and treaters (if applicable) notices and certifications [§268.8(a)(2)-(a)(4)]? ☐ Yes ☐ No*
- a. Is the facility disposing of any soft hammer wastes that may be classified as California wastes? ☐ Yes ☐ No
- b. Did the facility seek to verify whether these wastes may be subject to all restrictions, e.g., California ban? ☐ Yes ☐ No

* A potential violation is indicated

TSDF-7

West Orange, N.J. 07052
(201) 669-3960

NOTICE OF VIOLATION

ID NO. NJD002012219

DATE 3/13/90

NAME OF FACILITY Henkel Corp.

LOCATION OF FACILITY Berry Ave at RTE 174, Carlstadt NJ 07072

NAME OF OPERATOR Herbert J. Talamini

You are hereby NOTIFIED that during my inspection of your facility on the above date, the following